

The Health Resources and Services Administration Federal Office of Rural Health Policy is pleased to announce a Call for Abstracts for a Special Theme Issue of the *Journal of Health Care for the Poor and Underserved*:

Forging New Frontiers: Translating theory to practical health solutions in rural communities

The Federal Office of Rural Health Policy (FORHP) coordinates activities related to rural health care within the U.S. Department of Health and Human Services. Part of the Health Resources and Services Administration (HRSA), FORHP advises the Secretary on health issues related to rural communities and holds a department-wide responsibility for analyzing the possible effects of policy on residents of rural communities, particularly as these policies relate to rural residents' access to care, the viability of rural hospitals, and the rural health workforce.

FORHP also administers grant programs designed to build health care capacity at both the local and State levels. These grants provide funds to 50 State Offices of Rural Health (SORH) to support on-going improvements in care and to rural hospitals through the Medicare Rural Hospital Flexibility Grant Program (Flex). Through its community-based programs, funding is directed to rural communities to provide direct healthcare services, focus on network development and capacity building, and perform quality improvement activities. These programs are among the only non-categorical grants within the Department of Health and Human Services (DHHS) which allows grantees to determine the best way to meet local need. This flexibility in funding reflects the unique nature of health care challenges in rural communities and the need to allow communities to determine the best approach to addressing local health concerns. FORHP also coordinates and advances the use of telehealth and health information technologies.

In the context of dynamic changes to our health care delivery system, with the shift to different payment models and the evolution of health insurance marketplaces, the obstacles faced by rural health systems, such as limited numbers of providers, challenged financial viability, and higher rates of chronic disease will continue to pose barriers for rural health care providers in delivering optimal care and communities in accessing quality and coordinated care. These realities exist against the backdrop of ongoing challenges related to the economic viability of some existing low-volume health providers in rural communities. Some rural communities may be dealing with how best to meet local health care need, particularly in those rural communities that may be too small to support a full-service hospital but need more than an ambulatory clinic or a nursing home. To that end, this special themed issue would be dedicated to exploring innovative models and methods as well as evidence-based practices which have the potential to reducing some of the health care delivery barriers and challenges in rural communities.

Moreover, the special theme issue will be a collection of papers detailing qualitative and quantitative findings related to health care delivery redesign, financing models, health information technology, improved access and clinical quality in order to advance public health research, policy, practice and education. Ideally, insights gleaned from this peer reviewed publication will help to advance the integration of evidence-based practice into daily practice as it relates to rural health care.

We hope to invite manuscripts that review the usefulness and limitations of current conceptual frameworks and analytic strategies commonly used for addressing health disparities and highlight new ones that have emerged in the last few years. In addition, the special issue will encourage

research papers that increase public and professional understanding of the challenges and propose solutions through innovative strategies. The supplement will highlight new promising directions to advance knowledge essential to understanding and improving health and primary care for the safety net population.

The intent of this theme issue is to address the following questions:

- What evidence-based or innovative strategies have improved access, quality and/or patient outcomes within the rural safety-net setting?
- What effect has health care redesign and reform have on increased and/or improved access, quality and/or patient outcomes within rural communities?
- What are the challenges and innovative strategies needed to improve and sustain quality of healthcare delivery and outcomes in rural communities?
- What health services innovations and strategies have been implemented to improve transparency, efficiency and quality within rural communities?

Note: Topics of interest include, but are not limited to the following: workforce retention and recruitment, hospital closures, health equity, health information technology, care coordination, population health and financing models.

Abstract Submission Guidelines

Process and Timeline

An initial review of the abstract by the FORHP editorial team will determine the appropriateness of the proposed submission for this special theme issue. The corresponding author will be notified in **January, 2016** as to whether they are invited to submit a full manuscript to the FORHP *JHCPU* special theme issue. Invited manuscripts must be submitted to the *JHCPU* by **11:59 p.m. (EST)** on **April 1, 2016** and undergo the standard blinded peer review process as defined by *JHCPU* policy before final selections are decided. Final decisions are expected to be announced by August, 2016. The publication date for this special theme issue of the *JHCPU* is scheduled for November, 2016.

The following types of full manuscripts will be considered: **Original Papers, Commentaries, Brief Communications, Reports from the Field, Columns, and Reviews.** Please identify on the title page which type of submission is proposed using the *JHCPU* guidelines. We encourage submissions from multi-disciplinary teams and/or individual authors from multiple backgrounds. In terms of content, original abstracts addressing relevant insights to science, education, practice, and policy are appropriate for this theme issue; if maintaining the focus on rural health policy and health care delivery. For additional information or questions, please contact the FORHP editorial team at: JHCPUHelp@hrsa.gov

For submission guidelines applicable to the types of full manuscripts, please see *JHCPU* “Information for Authors” which can be accessed via the link below:

https://www.press.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/guidelines.html.

Preparing the Abstract

This Special Theme Issue of the Journal of Health Care for the Poor and Underserved will highlight work in the area of health services research. The Agency for Healthcare Research and Quality (AHRQ) defines health services research as examining “how people get access to health care, how much care costs, and what happens to patients as a result of this care.” The main goals of health services research are to “identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors, and improve patient safety.”¹

Cover Letter (1 page): The cover letter should briefly describe the importance and relevance of the abstract and should indicate that the work described in the abstract is original and has not been previously published or submitted for publication and will not be published before the FORHP Journal of Health Care for the Poor and Underserved Special Theme Issue in November 2016.

Title Page (1 page): Submit a title page with abstract title, complete names and affiliations of all authors, contact information for the corresponding author, type of manuscript (original paper, commentary, brief communication, report from the field, column, or review), disclosures of funding support and explanation of the role of the funder/sponsor, and any relevant acknowledgment information. The title page will not be shown to reviewers.

Abstract: Abstracts should be no longer than 500 words. The title of the abstract should appear at the top of the page. The names of authors and affiliations should not appear on the same page as the abstract to facilitate the initial FORHP editorial team blinded review. No more than 1 table or figure may be submitted along with the abstract.

Research Abstracts

Summaries of randomized controlled trials, cohort studies, case-control studies, comparison studies, surveys, retrospective reviews of data, systematic reviews of literature, meta-analyses, and cost-effectiveness analyses. These abstracts should be structured using the following headings:

Objective: Concise statement of the study question or hypothesis.

Design: Description of how the hypothesis was tested or study question was addressed. Include type of study, dates of study, sample or data source, sample or data selection procedures, inclusion/exclusion criteria, intervention and/or assessment tools, methods of analyses, and methods used to control for potential confounding/bias.

Results: Description of what was found, with specific data. Provide absolute numbers and percentages (do not provide percentages alone). If appropriate, numerical results should be accompanied by confidence intervals/measures of variability and levels of statistical

¹ Agency for Healthcare Research and Quality. What is Health Services Research? Agency for Healthcare Research and Quality, 2002. [[Online](#)]

significance. Provide numerators and denominators and response/participation rates, as appropriate. A single, simple table or figure displaying the main results may be included.

Conclusions: Brief statement of what is concluded from the results, limiting generalization to the domain of the study sample or data source.

Non-research Abstracts

Historical, ethical, or descriptive reviews will also be considered. Abstracts for such reviews do have to be structured but should include a succinct summary of the subject or problem, historical and current significance, proposals or solutions, and conclusions.

Submitting the Abstract

All cover letters, title pages and abstracts are due no later **than 11:59 p.m. (EST) on December 15, 2015** to JHCPUHelp@hrsa.gov and addressed to the Federal Office of Rural Health Policy Editorial Team.

Please provide a complete name, mailing address, telephone and fax numbers, and e-mail address for the corresponding author. Submit complete names, affiliations, and e-mail addresses for all coauthors. Title pages and cover letters must be submitted as separate files.

If the abstract includes a table or figure, submit this as part of the abstract file or as a separate file. No more than 1 table or figure can be included with each abstract.

Acknowledgment of receipt of the abstract will be sent to the corresponding author by e-mail.

Technical Assistance Webinar

The FORHP editorial team will hold a Technical Assistance Webinar on **Monday, November 9th at 1:00pm (ET)** time to assist authors in preparing their abstract for submission.

The Adobe Connect webinar and call-in information is as follows:

Conference call #:888-324-6857 // participant passcode: 6970981 (You must dial into the conference line to hear the audio)

URL to join the meeting: <https://hrsa.connectsolutions.com/supplement/> (Please enter your name under the “Guest” option.)

Prior to joining, please test your connection:

https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm

Note: You must dial into the conference line to hear the audio portion of the webinar. No registration is required.

The Technical Assistance call is open to the general public. The purpose of the call is to go over the purpose and key areas of interest for the special theme issue as well as provide helpful tips for anyone interested in submitting an abstract. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in submitting an abstract plan to listen to the call.